	Application or Docket Number														
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000															
PHARMA-131															
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAL TYPE		YTITY	OR	OTHER SMALL				
TOTAL CLAIMS			25				RAT	E	FEE	]	RATE	FEE			
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00			
TOTAL CHARGEABLE CLAIMS			25 minus 20=		• 5		X\$ :	9=		OR	X\$18≔	90			
INDEPENDENT CLAIMS			minus 3 =		8		X40	)=		OR	X80=	640.	_		
ΜÚ	LTIPLE DEPEN	DENT CLAIM PI	RESENT				+13	5=		OR	+270=	<u> </u>			
* If the difference in column 1 is less than zero, enter "0" in column 2							TOT			OR	TOTAL	1440			
CLAIMS AS AMENDED - PART II											OTHER	12			
		(Column 1)		(Colur		(Column 3)	olumn 3) SMAI		ENTITY O		SMALL ENTITY				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE TIO	ADDI- TIONAL FEE			
	Total	• 48	Minus `	** 2	,7	=	X\$ 9	= (		OR	X\$18=	198	-		
	Independent	• 17	Minus	••• [	l	= (q	X40	)=		OR	X80=	514	(1 0)		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135			OR	+270=		4-21-09		
			. :				·TO	TAL			TOTAL	7/4 ,50	એ.		
•		(Column 1)		(Colui	mn 2)	(Column 3)	ADDIT.	FEE		٠.٠	ADDIT. FEE	// - /			
AMENDMENT B	ativitis and a second and	CLAIMS REMAINING AFTER AMENDMENT	Min Sinak (A)	HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA	RAT	Ē	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
	Total	•	Minus	**		=	X\$ 9	)=		OR	X\$18=				
	Independent	•	Minus	***		=	X40	) <del>-</del>		OR	X80=				
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13	5=		OR	+270=				
						· •	TC ADDIT.	TAL FEE	÷	OR	TOTAL ADDIT. FEE	,	·		
		(Column 3)													
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	mn 2) IEST IBER OUSLY FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
	Total	*	Minus	**		=	X\$ 9	9=		OR	X\$18=	. ï			
	Independent	•	Minus	***		=	X40	)=		OR	X80=				
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						±12	5		OR	+270=				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													1		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest numb r found in the appropriate box in column 1.												1			
	The "Highest Nun	nper Previously Pa	ad For ( fotal c	ı indebev	jent) is tr	· · · · · · · · · · · · · · · · · · ·		ına eth	hiohiiata no	,, ui U	J				

FORM PTO-875 (Rev. 8/00)